



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID# CO91219

OFFICE USE ONLY
BB BN

STATEMENT DATE		TYPE OF STATEMENT (CHECK ONE) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS)	
3. FULL NAME OF COMMITTEE MDPAAC					
4. COMMITTEE MAILING ADDRESS ADDRESS: PO BOX # 11503 CITY / STATE / ZIP: KCMO - 64138			5. TELEPHONE NUMBER 816 372 1873		
6. TREASURER'S NAME MOHAMMED RAHMAN					
7. TREASURER'S MAILING ADDRESS ADDRESS: 10200 E 96th TER CITY / STATE / ZIP: KCMO 64138			8. TELEPHONE NUMBER HOME: 913 486 1826 WORK:		
9. DEPUTY TREASURER'S NAME SYED RAHMAN <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: 7443 E 89th TER CITY / STATE / ZIP: KCMO 64138			11. TELEPHONE NUMBER HOME: 816 728 7397 WORK:		
12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME: MD ALAM B. ADDRESS: T556 Loma Vista Dr - KCMO 64138 C. TITLE: Chairman			13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S)					
A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION Bank of America 8750 Blue Ridge Blvd KCMO 64138		B. ACCOUNT NAME Missouri Democratic Party Asian American Caucus IDBA: MDPAAC		C. ACCOUNT NO.	
15. TYPE OF COMMITTEE <input type="checkbox"/> CANDIDATE <input checked="" type="checkbox"/> POLITICAL PARTY <input type="checkbox"/> CONTINUING <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EXPLORATORY <input type="checkbox"/> DEBT SERVICE					
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)					
A. NAME		B. ADDRESS		C. TELEPHONE NO. D. POLITICAL PARTY	
MISSOURI ETHICS COMMISSION SEP 08 2009					
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY)					
A. NAME			B. ADDRESS		
18. CANDIDATES SUPPORTED OR OPPOSED					
A. NAME(S) OF CANDIDATE(S)		B. ELECTION DATE	C. OFFICE SOUGHT	D. POLITICAL SUBDIVISION	CHECK ONE E. SUPPORT F. OPPOSE <input type="checkbox"/> <input type="checkbox"/>
19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED					
A. NAME(S) OF MEASURE(S)		B. ELECTION DATE	C. SUBJECT AND POLITICAL SUBDIVISION	CHECK ONE E. SUPPORT F. OPPOSE <input type="checkbox"/> <input type="checkbox"/>	
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.  TREASURER'S SIGNATURE			21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. CANDIDATE'S SIGNATURE		